

FILED MAY 12 1947  
Registration District No. 19470

Primary Registration District No. 5236

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Phillipsburg (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Amundson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME JOHN WESLEY PATTON

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war none No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Ellen Patton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 26 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 22 hr. \_\_\_\_\_ min.

9. Birthplace Laclede Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joseph Patton  
13. Birthplace Iowa (City, town, or county) (State or foreign country)  
14. Maiden name Marquet Moore  
15. Birthplace N Carolina (City, town, or county) (State or foreign country)

16. (a) Informant John Patton

(b) Address Phillipsburg Mo

17. (a) Burial (b) Date thereof 4-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lonesome Hill

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) May 5-44 (b) Trace Popu  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede  
(c) City or town Phillipsburg (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1944 hour 7 minute P M.

21. I hereby certify that I attended the deceased from 1-29, 1944 to 4-18, 1944  
that I last saw him alive on 4-9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Flu

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Windsor (M. D. or other) \_\_\_\_\_

Address Conway Date signed 4-21-44

Received .....  
Laclede County Health Unit  
File No. 4-44-53  
Date Filed 5/11/44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Dorsey M. Howe*

Licensed Embalmer No.

4222

P. O. Address

*Lebanon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.